



Iowa Department of Human Services

Klm Reynolds Governor

Adam Gregg Lt. Governor Jerry R. Foxhoven Director

MENTAL HEALTH INSTITUTE INDEPENDENCE, IOWA

	FACSIMILE TRANSMISS FAX NUMBER: 319-334-5	5205	2
DATE: 9/12/1	8	Hreman Servies	(3)
TO: <u>lowa Eth</u>	ics and Campaign Disclosure Board	9.12	-18
Des Moir	nes, Iowa 50319	,	
FAX: 51	5-281-4073		
FROM: Vale	rie Stanford		
,	Independence, Phone: 319-334-5282		
Number of pag sheet):	es (including transmission 4		
COMMENTS:	The information contained in this fax is confide the designated recipient. If the reader of this to intended recipient or a representative of the inhereby notified that review, dissemination, distinformation is forbidden. If you have received notify the sender immediately by telephone (3° the original fax by mail to the above address.)	ransmittal page is not the tended recipient, you are tribution or copying of this this fax in error, please 19) 334-2583 and return	

Monthly Volunteer Report for For month of: August August Superitors August August Superitors August Augus	22	11	35	ಜ	36	15	TOTAL
August August August Captial August Captial August Fax number 515- Served – August A				35	20	10	e. Stipend Volunteers (i.e., Foster Grandparents, Promise Jobs, Green Thumb, etc.)
Fax number 515 Active This Month 1 1 1 1 1 1 1 1 1 1 1 1 1				0	۵	Ф	d. Individuals in Groups Indirect Service i.e., clerical assistance, etc.
Independence Mental Health Institute, Independence use this from fo submit report mo submit report mo lowa Ethics an Fax number 515- 3. Total # Volunteers Hours Active This Month Month Hours to Date Adults 18 to 59 4. Total # Served - Adults 18 to 59 6. # Clients Served - Adults 18 to 59 1				23	6	4	c. Individuals in Groups Direct Service to clients/residents
Independence Mental Health Institute, Independence August 2018 49 T T 3. Total # Volunteers Active This Month Month Month 0 0 Independence Mental Health Institute, Independence use this from fo use this from fo submit report mo submit report mo to lowa Ethics an to lowa Ethics an Fax number 515- Eax number 515- 6. # Clients Served – Adults 18 to 59				25	10	- -	b. Individual Volunteers – providing Indirect Service, i.e., clerical assistance, etc.
August use this from fo 2018 2018 49 Total # Volunteers Active This Month Active This Month Independence Mental Health Institute, Independen use this from fo submit report mo submit report mo to lowa Ethics an Fax number 515- Fax number 515- 6. # Clients Served – Adults 18 to 59				0	0	0	a. Individual Volunteers - providing direct Service to clients/residents
August 2018 49 7	8. # Clients Served Children 0 to 17*	7. # Clients Served Adults 50 or older	,	Cumulative Hours to Date	4. Total # Hours Active This Month	3. Total # Volunteers Active This Month	
August 2018 49		281-4073	Fax number 515-			7	2. # of Groups registered as DHS Volunteer Groups
August Independence Mental Health Institu	re Board	d Campaign Disclosu	to lowa Ethics and			49	1. # of Individuals registered as DHS Volunteers
h of : August Independence Mental Health Institu	ring month)	nthly (by end of follow	submit report mor			2018	
		ce, lowa 50644 r monthly reporting	ute, independent use this from for	entai Health Instit	Independence Mi	August	Monthly Volunteer Report for: For month of:

Report completed by: Diane Wessels

* new federal reporting requirement

09/06/2018

Monthly Donation Report

Aug. 2018

DATE {	REF#	FND	SOURCE	PURPOSE 1	DEPOSITS	WITHDR.
i			BEGINNING BALANCE	\$36,237.86]	
08/01/2018;	1756	UPF	Anonymous	pt use	\$10.00	
08/02/2018	8015	UPF	Capitol Vending	pt b-day		\$5.00
08/03/2018	8016	ÙPF	Capitol Vending	pt use		\$20.00
08/07/2018	1757	ÙPF	Anonymous	pt use	\$120.00	
08/14/2018	1758	UPF	Mike Cook	pt use	\$6,00	
08/15/2018	8017	ÜPF	Capitol Vending	pt use/pt bday		\$25.00
08/17/2018	8018	UPF	Capitol Vending	pt use		\$10.00
08/21/2018	8019	SFV	Capitol Vending	pt party		\$15.00
08/21/2018	1759	FDF	Buchanan County	Palo Drill	\$2,000.00	
1			TOTALS		\$2,136.00	\$75.00
			ENDING BALANCE	\$38,298.86		

CONTRIBUTIONS REPORT

Institution/Bureau Region Name of person c	Institution/Bureau Independence Mental Health Institute RegionCounty Buch Name of person completing reportVal Stanford	Lealth Institute County Buchanan tanford	Title Accounting Clerk II	uing Clerl	k II	August 2018 Month/Year
Date	CONTRIBUTOR (Name & Address if Available)	Contribution	\$ Value	Chec Cash	Check type Cash In-Kind	1

Total value of pages 1 thru 2: \$2136.00

Total value of this page: \$0.00